

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 217076 1. Entity Name TAMPA BLUE PRINT COMPANY, INC.					
Principal Place of Business 1319 FLORIDA AVENUE TAMPA FL 33602			Mailing Address 1319 FLORIDA AVENUE TAMPA FL 33602		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HAL, MULLIS MADISON & TAMPA STREET TAMPA FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when terminating) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD LIPPE, STEWART 1506 S. DE SOTO AVE TAMPA FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CLAMON, PAULA 409 EL GRECO DR. BRANDON FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Add		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Paula Clamon</u> PAULA CLAMON 3-31-06 (813) 223-178					